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PTO/SB/01 (10-00)

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DECLADATION FOR LITH ITY OF		Auditicy book	Ct Halliber					
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named In	ventor	FRANCIS SNITH				
		c	COMPLETE IF KNOWN					
		Application Nu	mber					
		Filing Date						
☐ Declaration ☐ Submitted OR with Initial	Declaration Submitted after Initial Filing (surcharge	Group Art Unit						
Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	е					
As a below named inventor. I her	eby declare that:		 					
My residence, mailing address, and	•	ed below next to my na	me.					
believe I am the original, first and	•	·		first and joint inventor (if plural				
names are listed below) of the subj								
improved ofthe	ulmic and	Contact Lens	Nettin	ing Solutions				
		ttle of the Invention)						
the specification of which is attached hereto								
OR		as United S	States Applicati	on Number or PCT International				
was filed on (MM/DD/YYYY)		+7	tatoo i depiroate					
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed amended by any amendment spec	and understand the co ifically referred to above	ntents of the above ide e.	ntified specific	ation, including the claims, as				
l acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the			s defined in 37 ng date of the	CFR 1.56, including for continuation of the continuation of the continuation and the national or				
I hereby claim foreign priority bene certificate, or 365(a) of any PCT in America, listed below and have a certificate, or any PCT international	nternational application also identified below, t	which designated at le	ast one countri any foreign ap	y other than the United States of optication for patent or inventor's				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Copy Attached? d YES NO				
· ·	1							
	}							
Additional foreign application n	umbers are listed on a	supplemental priority d	ata sheet PTO	/SB/02B attached hereto:				
I hereby claim the benefit under								
Application Number(s)		(MM/DD/YYYY)		7-7 · ·				
00/163,455	11-4-		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Stetemant: This form is astimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the emount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Tredemark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

A Direct all correspondence to:	Customer Numbe or Bar Code Labe	1		OR []	Correspondence address below			
Name Chris Blank								
Address 4 Bicentennial Square								
Address SUITE 215								
city CONCORD	·····	······································	State	NA	ZIP 0330/			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name (first and middle [if any]) FLANCIS X Family Name or Surname								
Inventor's Signature" Framu	11-3-00 Date							
Residence: City Sale M		State	NH	Country SA	Citizenship V5A			
Malling Address 22 Fox Run								
Malling Address								
city Salem	State N	H	ZIP		Country 15A			
NAME OF SECOND INVENTOR:								
Given Name (first and middle [if any]) John Randall Family Name or Surname								
Inventor's Signature					Date			
Residence: City		State	State Country		Citizenship			
Mailing Address								
Mailing Address								
ity State			ZIP		Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								